

## Vital Statistics Request Form

Please complete the section for the record that you are requesting and complete the bottom section, including your signature.

The fees for certified copies are as follows:

Birth Certificate - \$10.00 each.

Marriage Certificate - \$10.00 each.

Death Certificate - \$10.00 each.

**Please include a copy of your driver's license, and a stamped, self-addressed envelope along with your check or money order and mail to:**

**Township of Evesham  
984 Tuckerton Road  
Marlton, NJ 08053**

# Township of Evesham

## Request Form for Registrars

|   |                                      |
|---|--------------------------------------|
| <b>Date:</b>  |                                      |
| <b>GENERAL INFORMATION</b>                            |                                      |
| Your Name :   |                                      |
| Your Address:   |                                      |
| Your Phone Number:                                    |                                      |
| Relationship to person on record:                     | Self   Parent   Spouse   Other _____ |
| Signature:  |                                      |
| Number Requested:                                     |                                      |
| Purpose Needed:                                       |                                      |
| <b>COPY OF BIRTH CERTIFICATE</b>                      |                                      |
| Name on Record:                                       |                                      |
| Date of Birth:  |                                      |
| Full Maiden Name of Mother:                           |                                      |
| Name of Father:                                       |                                      |
| <b>COPY OF MARRIAGE CERTIFICATE</b>                   |                                      |
| Date of Marriage:                                     |                                      |
| Full Name of Groom:                                   |                                      |
| Full Maiden Name of Bride:                            |                                      |
| <b>COPY OF CIVIL UNION CERTIFICATE</b>                |                                      |
| Date of Civil Union:                                  |                                      |
| Name of Party A:                                      |                                      |
| Name of Party B:                                      |                                      |
| <b>COPY OF DOMESTIC PARTNERSHIP CERTIFICATE</b>       |                                      |
| Date of Registration:                                 |                                      |
| Name of Partner A:                                    |                                      |
| Name of Partner B:                                    |                                      |
| <b>COPY OF DEATH CERTIFICATE</b>                      |                                      |
| Full Name of Deceased:                                |                                      |
| Date of Death:  |                                      |
| Fathers Name:   |                                      |
| Mothers Full Maiden Name:                             |                                      |
| <b>FOR OFFICE USE ONLY</b>                            |                                      |
| I.D. (If drivers license indicate # and state issued: |                                      |
| (If passport, indicate country of issuance and #):    |                                      |
| Certificate # :                                       |                                      |